

11-17-00

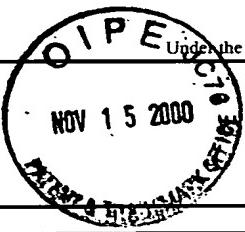
CPA/ #16/CPA  
311974Please type a plus sign (+) inside this box → 

PTO/SB/29 (8-00)

Approved for use through 9/30/00. OMB 0651-0032

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## CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

*Submit an original, and a duplicate for fee processing.*  
*(Only for Continuation or Divisional applications under 37 CFR 1.53(d))*

CHECK BOX, if applicable:  
 **DUPPLICATE**

<b>Address to:</b> Commissioner for Patents Box CPA Washington, DC 20231	<b>Attorney Docket No. Of Prior Application</b> 16904-726
	<b>First Named Inventor</b> Edward W. Knowlton
	<b>Examiner Name</b> D. Shay
	<b>Group Art Unit</b> 3739
	<b>Express Mail Label No.</b> EL473791218US

This is a request for a  continuation or  divisional application under 37 CFR 1.53(d),  
 (continued prosecution application (CPA)) of prior application number 09/003,423,  
 filed on January 6, 1998, entitled Method For Smoothening Wrinkled Skin By Controlled Contraction of Collagen Tissue  
 Beneath the Skin Surface

### NOTES

**FILING QUALIFICATIONS:** The prior application identified above must be a nonprovisional application that is either: (1) complete as defined by 37 CFR 1.51(b), or (2) the national stage of an international application in compliance with 35 U.S.C. 371. Effective May 29, 2000, a CPA may only be filed in a utility or plant application if the prior nonprovisional application was filed before May 29, 2000. A CPA may be filed in a design application regardless of the filing date of the prior application. See "Request for Continued Examination Practice changes to a Provisional Application Final Practice," Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office (Apr. 11, 2000).

**C-I-P NOT PERMITTED:** A continuation-in-part application cannot be filed as a CPA under 37 CFR 1.53(d), but must be filed under 37 CFR 1.53(b).

**EXPRESS ABANDONMENT OF PRIOR APPLICATION:** The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 CFR 1.53(b) must be used to file a continuation, divisional, or continuation-in-part of an application that is not to be abandoned.

**ACCESS TO PRIOR APPLICATION:** The filing of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 122 to the extent that any member of the public who is entitled under the provisions of 37 CFR 1.14 to access to, copies of, or information concerning, the prior application may be given similar access to, copies of, or similar information concerning, the other application or applications in the file jacket.

**35 U.S.C. 120 STATEMENT:** In a CPA, no reference to the prior application is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is submitted, it will not be entered. A request for a CPA is the specific reference required by 35 U.S.C. 120 and to every application assigned the application number identified in such request, 37 CFR 1.78(a).

1.  Enter the unentered amendment previously filed on \_\_\_\_\_ under 37 CFR 1.116 in the prior nonprovisional application.

2.  A preliminary amendment is enclosed.

3. This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53(d)(4).

- a.  **DELETE** the following inventor(s) named in the prior nonprovisional application:
- 
- 

- b.  The inventor(s) to be deleted are set forth on a separate sheet attached hereto.

4.  A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.

5. Information Disclosure Statement (IDS) is enclosed.

- a.  PTO-1449

- b.  Copies of IDS Citations

TO 3700 MAIL ROOM  
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 00000423  
 11/20/2000 SMC/NG

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box CPA, Washington, DC 20231.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	23-20* =	3	r \$18.00=	\$ 54.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (j))	1-3** =	0	r \$80.00=	0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			r \$270.00=	0.00
				BASIC FEE (37 CFR 1.16)	710.00
			Total of above Calculations =		764.00
			Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).		(-382.00)
				TOTAL =	382.00
*Reissue claims in excess of 20 and over original patent. **Reissue independent claims over original patent.					

6.  Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7.  The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 23-2415:
- a.  Fees required under 37 CFR 1.16.
  - b.  Fees required under 37 CFR 1.17.
  - c.  Fees required under 37 CFR 1.18.
8.  A check in the amount of \$ \_\_\_\_\_ is enclosed.
9.  Applicant requests suspension of action under 37 CFR 1.103(b) (fee under 37 CFR 1.17(j) enclosed).
- 10.a.  Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
- b.  Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
11.  Other: \_\_\_\_\_

**NOTE:** *The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.*

12. NEW CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		021971		or <input type="checkbox"/> New correspondence address below (Insert Customer No. or Attach bar code label here)	
NAME					
ADDRESS					
CITY		STATE		ZIP CODE	
COUNTRY		TELEPHONE		FAX	

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME (Print/Type)	Shirley Chen	
SIGNATURE		
REGISTRATION NO. (Attorney/Agent)	44,608	
DATE	November 15, 2000	

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

09/003423

## C CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
FOR	NUMBER FILED
BASIC FEE	
TOTAL CLAIMS	23 minus 20 = 3
INDEPENDENT CLAIMS	1 minus 3 = -
MULTIPLE DEPENDENT CLAIM PRESENT	

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE 

OR	OTHER THAN SMALL ENTITY
	RATE <input type="checkbox"/> FEE <input type="checkbox"/>
	25.00 395.00
OR	790.00
OR	x\$22= <input type="checkbox"/>
OR	x82= <input type="checkbox"/>
OR	+270= <input type="checkbox"/>
OR	TOTAL <input type="checkbox"/>

## CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus ** =
Independent	*	Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

•	SMALL ENTITY	OTHER THAN SMALL ENTITY
	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>
	x\$11= <input type="checkbox"/>	x\$22= <input type="checkbox"/>
OR	x41= <input type="checkbox"/>	x82= <input type="checkbox"/>
OR	+135= <input type="checkbox"/>	+270= <input type="checkbox"/>
OR	TOTAL ADDIT. FEE <input type="checkbox"/>	TOTAL ADDIT. FEE <input type="checkbox"/>

(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus ** =
Independent	*	Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>
	x\$11= <input type="checkbox"/>	x\$22= <input type="checkbox"/>
OR	x41= <input type="checkbox"/>	x82= <input type="checkbox"/>
OR	+135= <input type="checkbox"/>	+270= <input type="checkbox"/>
OR	TOTAL ADDIT. FEE <input type="checkbox"/>	TOTAL ADDIT. FEE <input type="checkbox"/>

(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus ** =
Independent	*	Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>
	x\$11= <input type="checkbox"/>	x\$22= <input type="checkbox"/>
OR	x41= <input type="checkbox"/>	x82= <input type="checkbox"/>
OR	+135= <input type="checkbox"/>	+270= <input type="checkbox"/>
OR	TOTAL ADDIT. FEE <input type="checkbox"/>	TOTAL ADDIT. FEE <input type="checkbox"/>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.